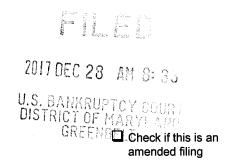
Fill in this in	formation to ide	entify your case:		
Debtor 1	David Michae	el English		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court fo	or the: District of Maryland		
Case number	17-26006			
	(If known)			



12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

rt 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	419 000 00
1a. Copy line 55, Total real estate, from Schedule A/B	\$ 418,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$\$
1c. Copy line 63, Total of all property on Schedule A/B	_{\$} 420,414.00
. 9995C0000074cv 1 1	\$ 420,414.00
art 2: Summarize Your Liabilities	
	VOLAT IN TURN ARTIST CONTROL OF THE STREET
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	s 440,000.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	s 0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	··· + s 298,400.00
	+ \$
Your total liabilities	s 738,400.00
Your total liabilities	•
art 3: Summarize Your Income and Expenses	
Out a state to Visual transport (Official Forms 40Cl)	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	s5,266.00
Copy your combined montally months into the or contradio /	
Schedule J: Your Expenses (Official Form 106J)	s 4,913.00
Copy your monthly expenses from line 22c of Schedule J	

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Del	otor 1 David Michael English	Case number (if known) 17-26006
	First Name Middle Name Last Name	
Pa	rt 4: Answer These Questions for Administrative and Statistical Reco	ords
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?	
	☐ No. You have nothing to report on this part of the form. Check this box and submit the	nis form to the court with your other schedules.
	✓ Yes	
7.	What kind of debt do you have?	
	Your debts are primarily consumer debts. Consumer debts are those "incurred by family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	
	Your debts are not primarily consumer debts. You have nothing to report on this this form to the court with your other schedules.	part of the form. Check this box and submit
8.	From the Statement of Your Current Monthly Income: Copy your total current month Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ly income from Official
JEDWDEK:		AUG-0-310-4-17-10-3
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F	₹
		Total claim
		XIII CAM
	From Part 4 on Schedule E/F, copy the following:	
	9a. Domestic support obligations (Copy line 6a.)	\$0.00
	0. =	\$ 0.00
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
	9d. Student loans. (Copy line 6f.)	\$200,000.00
	9e. Obligations arising out of a separation agreement or divorce that you did not report a priority claims. (Copy line 6g.)	as <u>\$</u> 0.00
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
	9g. Total. Add lines 9a through 9f.	\$200,000.00

Debtor 1	David Michae	l English		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for	the: District of Maryland		
Case number	17-26006			

2017 DEC 28 AM 8: 33

U.S. BANKRUPTCY COUNT DISTRICT OF MARYLANC GREENBELT

Check if this is an amended filling

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ☐ No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Single-family home 8060 Stone Ridge Drive Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the ■ Manufactured or mobile home entire property? portion you own? ☐ Land 418,000.00 418,000.00 ■ Investment property MD 21702 Frederick Describe the nature of your ownership □ Timeshare ZIP Code State interest (such as fee simple, tenancy by ☐ Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one tenancy by the entireties ☑ Debtor 1 only Frederick Debtor 2 only County ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the ■ Manufactured or mobile home entire property? portion you own? ☐ Land ☐ Investment property Describe the nature of your ownership ☐ Timeshare City State ZIP Code interest (such as fee simple, tenancy by Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only ☐ Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number:

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Case number (if known) 17-26006

David Michael English

Debtor 1

What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property. Single-family home Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home ☐ Land ■ Investment property Describe the nature of your ownership City ZIP Code ☐ Timeshare State interest (such as fee simple, tenancy by ☐ Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) ☐ At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: _ 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 418,000.00 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No ☑ Yes Who has an interest in the property? Check one. Acura 3.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. TL Debtor 1 only Model: Debtor 2 only 2004 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 136000 entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 1.952.00 1.952.00 ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property. Debtor 1 only Model: Debtor 2 only Year: Current value of the **Current value of the** Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions)

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Case number (if known) 17-26006

David Michael English

Debtor 1

Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.4 Make: the amount of any secured claims on Schedule D. Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Z No Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Debtor 1 only Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property. 4.2. Make: Debtor 1 only Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 1,952.00 you have attached for Part 2. Write that number here

David Michael English

First Name	Middle Name	Last Name

Part 3:	Describe	Your Personal	and l	Household	ltem:

Do		egal or equitable interest in any of the following items?	Current value of portion you own Do not deduct secu or exemptions.	1?
6.	Household goods and	furnishings	90000000000000000000000000000000000000	***************************************
	Examples: Major applian No	ices, furniture, linens, china, kitchenware		
		oven, refrigerator, couch, recliner	\$	200.00
7.		nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music lectronic devices including cell phones, cameras, media players, games		
		television, laptop, cell phone	\$	150.00
8.	Collectibles of value			
		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles		
	Yes. Describe		\$	
9.		nd hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
	☑ No ☐ Yes. Describe		\$	
10.	•	shotguns, ammunition, and related equipment		
	No Yes. Describe		\$	
11.	□ No	thes, furs, leather coats, designer wear, shoes, accessories	1	
	Yes. Describe	everyday clothes	\$	100.00
12.	Jewelry Examples: Everyday jew gold, silver	relry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	No Yes. Describe		\$	
13.	Non-farm animals Examples: Dogs, cats, b	irds, horses		
	No Yes. Describe		\$	
14.	Any other personal and	household items you did not already list, including any health aids you did not list	•	
	No Civo enocific		l	
	Yes. Give specific information		\$	
15.		all of your entries from Part 3, including any entries for pages you have attached mber here	\$	450.00

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Debtor 1

David Michael English
First Name Middle Name

Last Name

Do you own or have a	ny legal or equitable interest in	any of the following?	Current value of the portion you own?
			Do not deduct secured claim or exemptions.
16. Cash	CONTRACTOR OF THE PROPERTY CONTRACTOR OF THE PROPERTY OF THE P		
	ou have in your wallet, in your ho	me, in a safe deposit box, and on hand when you file your petition	
□ No			
☑ Yes		Cash:	\$ <u>5.00</u>
17. Deposits of money	n savings or other financial acco	unts; certificates of deposit; shares in credit unions, brokerage ho	uses
and other	er similar institutions. If you have r	nultiple accounts with the same institution, list each.	4000,
☐ No ☑ Yes		Institution name:	
L res		institution name.	
	17.1. Checking account:	Capital One	\$7.00
	17.2. Checking account:		\$
	17.3. Savings account:		\$
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		\$
	17.7. Other financial account:		\$
	17.8. Other financial account:		\$
•	17.9. Other financial account:		\$
•	ds, or publicly traded stocks ds. investment accounts with brol	kerage firms, money market accounts	
☑ No		•	
☐ Yes	Institution or issuer name:		
			\$
			<u> </u>
			\$ <u></u>
		orated and unincorporated businesses, including an interest	in
	ip, and joint venture	% of ownership	
	Name of entity:	00/	.
☑ No ☐ Yes. Give speci	fic	578 %	\$
☑ No	fic ut	0% % 0% %	\$ \$

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Debtor 1

David	Michael	English

First Name Middle Name

Last Name

20	. Government and corpo	erate bonds and other	er negotiable and non-negotiable instruments	
	Negotiable instruments in	nclude personal chec	ks, cashiers' checks, promissory notes, and money orders. not transfer to someone by signing or delivering them.	
	· ·	ms are those you can	mot transfer to someone by signing of delivering trem.	
	✓ No ☐ Yes. Give specific	Issuer name:		
	information about them			\$
				\$
				\$
	Batian and an analysis			
21	. Retirement or pension Examples: Interests in IF		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	□ No			
	Yes. List each account separately.	Type of account:	Institution name:	
	account coparatory.			\$
		401(k) or similar plan:	GF pension	\$
		Pension plan:	OL PONSION	•
				\$
		Retirement account:		\$
		Keogh: Additional account:	American Red Cross pension	\$
				Φ
		Additional account:		\$
22		deposits you have m	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	
	☑ No			
	☐ Yes		titution name or individual:	
		Electric:		\$
		Gas: Heating oil:		\$
			atal unit:	\$
		Prepaid rent:		\$ \$
		Telephone:		\$
		Water:		\$
		Rented furniture:		\$
		Other:		\$
23	Annuities (A contract for	r a periodic payment o	of money to you, either for life or for a number of years)	
	☐ Yes	Issuer name and des	cription:	
				\$
				\$ \$
	·			Ψ

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Debtor 1

David	Michael	English

First Name Middle Name

Last Name

24. Interests in an education IRA 26 U.S.C. §§ 530(b)(1), 529A(A, in an account in a qualified ABLE program, or under a qualified state (b), and 529(b)(1).	tuition program.	
☑ No ☐ Yes			
1 165	Institution name and description. Separately file the records of any interes	ts.11 U.S.C. § 521(c):	
			\$
			\$
			\$
25. Trusts, equitable or future in exercisable for your benefit	nterests in property (other than anything listed in line 1), and rights or	powers	
☑ No			
Yes. Give specific information about them			\$
inionnation about them			Ψ
	arks, trade secrets, and other intellectual property imes, websites, proceeds from royalties and licensing agreements		
Yes. Give specific			
information about them			\$
27. Licenses, franchises, and of Examples: Building permits, e	tner general intangibles xclusive licenses, cooperative association holdings, liquor licenses, professi	onal licenses	
☑ No			
☐ Yes. Give specific			
information about them			\$
Money or property owed to you	2		
Money or property owed to you			Current value of the portion you own?
Money or property owed to you		3	
Money or property owed to you 28. Tax refunds owed to you			portion you own? Do not deduct secured
			portion you own? Do not deduct secured
28. Tax refunds owed to you ☑ No ☐ Yes. Give specific informa	ation	Federal: \$_	portion you own? Do not deduct secured
28. Tax refunds owed to you No Yes. Give specific informa about them, including	ation g whether	Federal: \$_ State: \$_	portion you own? Do not deduct secured
28. Tax refunds owed to you ☑ No ☐ Yes. Give specific informa	ation g whether returns		portion you own? Do not deduct secured
28. Tax refunds owed to you No Yes. Give specific informa about them, including you already filed the	ation g whether returns	State: \$_	portion you own? Do not deduct secured
28. Tax refunds owed to you No Yes. Give specific informa about them, including you already filed the and the tax years	ation g whether returns	State: \$_ Local: \$_	portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you No Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s	ation g whether returns	State: \$_ Local: \$_	portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you ✓ No — Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s ✓ No	whether returns sum alimony, spousal support, child support, maintenance, divorce settleme	State: \$_ Local: \$_	portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you No Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s	sum alimony, spousal support, child support, maintenance, divorce settleme	State: \$_ Local: \$_	portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you ✓ No — Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s ✓ No	sum alimony, spousal support, child support, maintenance, divorce settleme	State: \$_ Local: \$_ nt, property settlement	portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you ✓ No — Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s ✓ No	sum alimony, spousal support, child support, maintenance, divorce settleme	State: \$_ Local: \$_ nt, property settlement	portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you ✓ No — Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s ✓ No	sum alimony, spousal support, child support, maintenance, divorce settleme	State: \$_ Local: \$_ nt, property settlement Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions. \$
28. Tax refunds owed to you ✓ No — Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s ✓ No	sum alimony, spousal support, child support, maintenance, divorce settleme	State: \$_ Local: \$_ Int, property settlement Alimony: Maintenance: Support:	\$
28. Tax refunds owed to you ✓ No Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s ✓ No Yes. Give specific informa 30. Other amounts someone ow Examples: Unpaid wages, dis Social Security be	sum alimony, spousal support, child support, maintenance, divorce settleme	State: \$_ Local: \$_ Int, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$
28. Tax refunds owed to you ✓ No — Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s ✓ No — Yes. Give specific informa 30. Other amounts someone over Examples: Unpaid wages, dis Social Security bes ✓ No	sum alimony, spousal support, child support, maintenance, divorce settleme ation	State: \$_ Local: \$_ Int, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$
28. Tax refunds owed to you ✓ No Yes. Give specific informa about them, including you already filed the and the tax years 29. Family support Examples: Past due or lump s ✓ No Yes. Give specific informa 30. Other amounts someone ow Examples: Unpaid wages, dis Social Security be	sum alimony, spousal support, child support, maintenance, divorce settleme ation	State: \$_ Local: \$_ Int, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$

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Debtor 1 David Michael English
First Name Middle Name Last Name

Case number (if known) 17-26006

31. Interests in insurance policies			
_	e; health savings account (HSA); credit, homeov	vner's, or renter's insurance	
☑ No			
Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
			\$
			\$
			\$
32. Any interest in property that is due you f	rom someone who has died		
If you are the beneficiary of a living trust, ex	spect proceeds from a life insurance policy, or an	e currently entitled to receive	To a control of the c
property because someone has died.			A CONTRACTOR OF THE CONTRACTOR
✓ No ✓ Yes. Give specific information			7
Tes. Give specific information			\$
Co Claims are instabled newtice whether or	not you have filed a lawouit or made a deman	d for normant	
Examples: Accidents, employment disputes	not you have filed a lawsuit or made a deman , insurance claims, or rights to sue	u ioi payment	
☑ No			
☐ Yes. Describe each claim			
L			_] ₂
34. Other contingent and unliquidated claims to set off claims	s of every nature, including counterclaims of	tne debtor and rights	
☑ No .			
Yes. Describe each claim			s
L		, , , , , , , , , , , , , , , , , , , ,	J Ψ
35. Any financial assets you did not already	list		
☑ No			-
Yes. Give specific information			
· ·	from Part 4, including any entries for pages	_	\$12.00
Part 5: Describe Any Business-R	Related Property You Own or Have	an Interest In. List any re	eal estate in Part 1.
	le interest in any business-related property?		
✓ No. Go to Part 6.✓ Yes. Go to line 38.			
a res. Go to line 36.			Current value of the
			portion you own?
			Do not deduct secured claims or exemptions.
38. Accounts receivable or commissions you	u already earned		
No	u alleady earlied		
☐ Yes. Describe			
<u> </u>			\$ <u> </u>
39. Office equipment, furnishings, and supp			
,	modems, printers, copiers, fax machines, rugs, telepho	ones, desks, chairs, electronic devices	
☐ No☐ Yes. Describe			<u> </u>
- 100. December			P

Official Form 106A/B

Case 17-26006 Doc 14 Filed 12/28/17 Page 11 of 34

Case number (if known) 17-26006 David Michael English Debtor 1 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ Yes. Describe..... 41. Inventory ☐ No ☐ Yes. Describe... 42. Interests in partnerships or joint ventures ☐ No Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No Yes. Describe...... 44. Any business-related property you did not already list ☐ No ☐ Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? Mo. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☐ No

Official Form 106A/B

☐ Yes.....

Schedule A/B: Property

0.00

Case 17-26006 Doc 14 Filed 12/28/17 Page 12 of 34

David Michael English

Debtor 1

Case number (if known) 17-26006

48 Crops—either growing or harvested Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade □ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☐ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information..... 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 8: 418,000.00 55. Part 1: Total real estate, line 2 1,952.00 56. Part 2: Total vehicles, line 5 450.00 57. Part 3: Total personal and household items, line 15 12.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 2,414.00 2,414.00 Copy personal property total -> 62. Total personal property. Add lines 56 through 61. 420,414.00 63. Total of all property on Schedule A/B. Add line 55 + line 62.

Fill in this information to identify your case:						
Debtor 1	David Michae	el English				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States I	United States Bankruptcy Court for the: District of Maryland					
Case number	17-26006					
(if known)			_			

	Januar Januar Hara	
DEC 28	8 AM 8: 31	j j
RICT OF	MARYLAN	Check if this is an amended filing
	OEC 28 BANKRU RICT OF	DEC 28 AM 8: 3: BANKRUPTCY COUR RICT OF MARYLAN GREENBELT

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

P	art 1: Identi	fy the Property You Clain	n as Exempt		
1.	You are clai	kemptions are you claiming? iming state and federal nonban iming federal exemptions. 11 L	kruptcy exemptions. 11	• •	
2.	For any proper	ty you list on S <i>chedule A/B</i> t	hat you claim as exem	pt, fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description:	8060 Stone Ridge D	\$ <u>418,000.00</u>	☑ \$ 418,000.00	
	Line from Schedule A/B:	1.1		☐ 100% of fair market value, up to any applicable statutory limit	
	Brief description:	2004 Acura TL	\$ <u>1,952.00</u>	2 \$ 1,952.00	
	Line from Schedule A/B:	3.1		☐ 100% of fair market value, up to any applicable statutory limit	
	Brief description:	household items	\$ <u>450.00</u>	☑ \$ <u>450.00</u>	
	Line from Schedule A/B:	6-14		☐ 100% of fair market value, up to any applicable statutory limit	
3.	(Subject to adju	ng a homestead exemption of structure on 4/01/19 and every 3	•	es filed on or after the date of adjustment.)
		u acquire the property covered	by the exemption within	1,215 days before you filed this case?	
	☐ No☐ Yes				

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Debtor 1

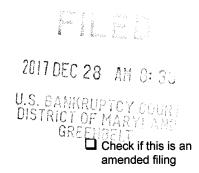
David	Michael English		
ret Name	Middle Name	I act Name	

Case number (if known) 17-26006

Part 2: Additional Page

Brief descriptio on Schedule A/	n of the property and line B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	7. 31. 3	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	GE pension	\$	 \$	
Line from Schedule A/B:	21		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	ARC pension	\$	 \$	
Line from Schedule A/B:	21		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	· · · · · · · · · · · · · · · · · · ·	\$	\$	
Line from Schedule A/B:	<u> </u>		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:			<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ s	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:					
Debtor 1	David Micha	el English			
505.0	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: District of Maryland					
Case number	17-26006				
(If known)			-		



Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

List all secured claims. If a creditor has n for each claim. If more than one creditor h	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2.	Amo	lmið Á sumbofdlafint	Column, 2 Valtero é golfaise dant auggos e dil		ured
	nabetical order according to the creditor's name.	valu	ot deductine e of colleteral.	elaim	f any	
2.1] Nationstar Mortgage	Describe the property that secures the claim:	\$	240,000.00	\$418,000.0	0 \$	0.00
Creditor's Name PO Box 60516 Number Street	8060 Stone Ridge Drive					
City of Industry CA 91716	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	_				
City State ZIP Code	Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)					
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)					
At least one of the debtors and another	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)		*			
☐ Check if this claim relates to a	Other (including a right to offset)	-				
community debt Date debt was incurred 07/01/0201	Look A. Waller of account womber					
2 2	Last 4 digits of account number		200,000,00	s 418,000.0	Λ.	0.00
PNC Bank Creditor's Name	Describe the property that secures the claim:	_\$	200,000.00	\$ 410,000.0	<u> </u>	0.00
PO Box 5570 Number Street	8060 Stone Ridge Drive					
	As of the date you file, the claim is: Check all that apply.					
01 1 1 01 11101	Contingent					
Cleveland OH 44101 City State ZIP Code	Unliquidated					
	☐ Disputed					
Who owes the debt? Check one.	Nature of lien. Check all that apply.					
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)					
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)					
At least one of the debtors and another	Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	Other (including a right to offset)	-				
Date debt was incurred 12/01/1997	Last 4 digits of account number					

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Debtor 1

David Mid	chael English		Case number (7) 17-26006
David Will	naci English		Case number (if known) 17-20000
Firet Name	Middle Name	Last Nama	

Part 1: After listing any entries on this page, number them beginning with 2.3, followed			Column A Amount of claim Do not deduct the value of collateral	Columb 8 Valua of solicitari that suggests into clatific	Column C Vergenged, Cortion Fany
		Describe the property that secures the claim:	\$	\$	S
Creditor's Name Number Stre	pet				
City	State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the community de	the debtors and another	 An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) 	-		
Date debt was inc	curred	Last 4 digits of account number			
		Describe the property that secures the claim:	\$	\$	S
Creditor's Name		Describe the property that essence the claim.	7	·	
Number Stre	pet	As of the date you file, the claim is: Check all that apply.			
City	State ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐			
Who owes the de Debtor 1 only	bt? Check one.	Nature of lien. Check all that apply.			
Debtor 2 only		 An agreement you made (such as mortgage or secured car loan) 			
Debtor 1 and D	ebtor 2 only the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
Check if this community de	claim relates to a	Other (including a right to offset)	<u>.</u>		
Date debt was inc	curred	Last 4 digits of account number			
Creditor's Name		Describe the property that secures the claim:	\$	\$	\$
Number Stre	eet .				
City	State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated			
		☐ Disputed			
Who owes the de Debtor 1 only	ebt? Check one.	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured)			
Debtor 2 only		car loan)			
Debtor 1 and D At least one of	ebtor 2 only the debtors and another	Statutory lien (such as tax lien, mechanic's lien)Judgment lien from a lawsuit			
_	claim relates to a	Other (including a right to offset)	-		
Date debt was inc	curred	Last 4 digits of account number			
Add the d	ollar value of your entrie	s in Column A on this page. Write that number here:	\$		
1	ne last page of your form number here:	, add the dollar value totals from all pages.	\$		

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Debtor 1 David Michael English First Name Middle Name Last Name Case number (if known) 17-26006

Pa	rt 2: L	ist Others to Be I	Notified for a Debt 1	That You Aiready	Listed
ag yo	ency is tryii u have mor	ng to collect from you e than one creditor fo	for a debt you owe to	someone else, list th you listed in Part 1, l	a debt that you already listed in Part 1. For example, if a collection e creditor in Part 1, and then list the collection agency here. Similarly, if ist the additional creditors here. If you do not have additional persons to
	ERS ESTREES This devices	00-environ a anales a maria a anales a maria 2004 (Maria 2004) (Maria 2004) (Maria 2004) (Maria 2004) (Maria 2	of the contract of the contrac	CONTRACTOR	On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			
					48 H
					L
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
_	Name				Last 4 digits of account number
					_
	Number	Street			10 (4)
	-				-
				710.0	_
	City	2000 April 100 April	State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
					9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	Number	Street			7477
					-
	City		State	ZIP Code	T-A-0.0000000
	City		State	ZIF Code	30/10/20/20
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			
	Number	Sueet			10 m
	City		State	ZIP Code	-
		22435223550	- Cop		On which line in Part 1 did you enter the creditor?
	Nome				Last 4 digits of account number
	Name				Last 4 digits of account number
	Number	Street			
	City		State	ZIP Code	
	extels 10 miles and 10 miles	PRODUCTOR OF THE PRODUC		ostata and telepanomi (Albi	On which line in Part 1 did you enter the creditor?
ـــا	Name				Last 4 digits of account number
	-				
	Number	Street			- (
					- HEARTH AND
					diagnostic state of the state o
	City		State	ZIP Code	

Fill in this information to identify your case:						
Debtor 1	David Micha	el English				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States I	United States Bankruptcy Court for the: District of Maryland					
Case number	17-26006					
(If known)						

2017 DEC 28 AM 8: 35

U.S. BANKRUPTCY Check if this is an DISTRICT OF MARYLamended filing GREENSELT

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

any	additional pages, write your name and case nu	mber (if known).			
Pa	rt 1: List All of Your PRIORITY Unsecure	ed Claims			
2.	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c	editor has more than one priority unsecured claim, list the aclaim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's nearly 1. If more than one creditor holds a particular claim	at claim hen ame. If you l	e and show both ave more than er creditors in l	th priority and n two priority Part 3.
2.1	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
2.2	Priority Creditor's Name Number Street	When was the debt incurred? As of the date you file, the claim is: Check all that apply		\$	\$\$
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	☐ Contingent ☐ Unliquidated ☐ Disputed Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify			

David	Michael	English

First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims	— Continuation Page			
After listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	ស្នងស្រួ	Priority amount	Nonpriority amount
	Last 4 digits of account number	\$	_ \$	\$
Priority Creditor's Name	Last 4 digits of account fidinger			
Number Street	When was the debt incurred?			
Number Sueet	As of the date you file, the claim is: Check all that apply.			•
	☐ Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who incurred the debt? Check one.	— 215941.03			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	☐ Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated			
	Other. Specify			
Is the claim subject to offset?				
□ No				
Yes				
Priority Creditor's Name	Last 4 digits of account number	\$	_ \$	\$
Triony ordano straino	When was the debt incurred?			
Number Street	When was the dest mounear			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
2,	☐ Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated Other. Specify			
	Curer. Speciny			
Is the claim subject to offset?				
□ No				
☐ Yes				
	Last 4 digits of account number	\$	<u> \$</u>	\$
Priority Creditor's Name				
	When was the debt incurred?			
Number Street	A of the date were file the plains in Observal that analy			
	As of the date you file, the claim is: Check all that apply.			•
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	 Claims for death or personal injury while you were intoxicated 			
☐ Check if this claim is for a community debt	Other. Specify			
Is the claim subject to offset?				
□ No				
☐ Yes				

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Debtor 1

David Michael Englis	h	

ame Middle Name Last N

Pa	tt 2: List All of Your NONPRIO	RITY Uns	ecured Claims			
	Do any creditors have nonpriority ur No. You have nothing to report in the Yes					
	nonpriority unsecured claim, list the cre	ditor separa ditor holds a	itely for each claim.	rder of the creditor who holds each claim. If a creditor has For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three no	list cla	ims already
4.1	American Express			Last 4 digits of account number	Total	1) Glalim
	Nonpriority Creditor's Name			07/04/2045	\$	1,400.00
	PO Box 650448			When was the debt incurred? $07/01/2015$		
	Number Street Dallas City	TX State	75265 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIF Code	_		
	Who incurred the debt? Check one. Debtor 1 only			☐ Contingent ☐ Unliquidated ☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	r.		Student loans		
	☐ Check if this claim is for a commu	ınity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	☑ No ☑ Yes			✓ Other. Specify <u>credit card debt</u>		
		·				35,500.00
4.2	Bank of America			Last 4 digits of account number	\$	35,500.00
	Nonpriority Creditor's Name			When was the debt incurred? 0//01/2015		
	PO Box 15019 Number Street					
	Wilmington	DE	19850	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated Disputed		
	Debtor 1 only			Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and anothe	r		☐ Student loans		
	☐ Check if this claim is for a commu	ınitv deht		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?	anney would		Debts to pension or profit-sharing plans, and other similar debts		
	No			✓ Other. Specify credit card debt		
	Yes					
4.3	Chase			Last 4 digits of account number		38,000.00
	Nonpriority Creditor's Name			When was the debt incurred? 07/01/2015	\$	30,000.00
	PO Box 94014 Number Street			·		
	Number Street Palatine	IL	60094	A CIL total City the state to Object all that conta		
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.			☐ Contingent ☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anothe	r		Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a commi			Student loans Obligations arising out of a separation agreement or divorce		
		unity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset? ✓ No			Debts to pension or profit-sharing plans, and other similar debts	;	
	Yes			Other Specify <u>credit card debt</u>		

David Michael English

avia ivii	Chaci English		
rst Name	Middle Name	Last Name	

Par	Your NONPRIORITY Unsecured Claims —	Continuation Page	
Afte	r listing any entries on this page, number them begin	ning with 4.4, followed by 4.5, and so forth.	*Total elaim.
4.4	M&T Bank	Last 4 digits of account number	\$ 7,000.00
	Nonpriority Creditor's Name	When was the debt incurred? 07/01/2015	•
	PO Box 62146		
	Baltimore MD 212	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Coo	Containgent	
	Who incurred the debt? Check one.	✓ Unliquidated ☐ Disputed	
	Debtor 1 only	_ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans	
		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other Specify checking line-of-credit	
	☑ No		
	☐ Yes		
4.5			
	Navient	Last 4 digits of account number	\$ <u>200,000.0</u>
	Nonpriority Creditor's Name	When was the debt incurred? 09/01/2005	
	PO Box 740351 Number Street		
	Atlanta GA 303	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Coo	_ Sentingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☑ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?	Other. Specify	
	₩ No		
	☐ Yes		
4.6			s 10,500.00
	PNC Bank Credit Card Services	Last 4 digits of account number	
	Nonpriority Creditor's Name PO Box 5570	When was the debt incurred? 07/01/2015	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Cleveland OH 441 City State ZIP Coc	<u> </u>	
		✓ Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Time of MONDDIODITY amaging distance	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that 	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	•	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No	Other. Specify credit card debt	
	¥⊈ No ☐ Yes		
			

Part 2:

David Michael English

lame Middle Name

Last Name

Your NONPRIORITY Unsecured Claims — Continuation Page

A4-	r listing any entries on this page, number the	m hoginning w ^{ish}	A followed by A 5 and so forth	Toalelim
	raisung any entries on this page, number the	m beginning with		yyaxadili
4.7	Synchrony Bank Nonpriority Creditor's Name		Last 4 digits of account number	\$ 6,000.00
	PO Box 965030 Number Street		When was the debt incurred? 07/01/2015	
	Orlando FL	32896	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		✓ Unliquidated☐ Disputed	
	Debtor 1 only		- Sopular	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	•		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No		✓ Other Specify credit card debt	
	Yes			
		•	Last 4 digits of account number	\$
	Nonpriority Creditor's Name		When was the debt incurred?	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated☐ Disputed	
	Debtor 1 only		Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
	_		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify	
	☐ No ☐ Yes			
Г				
			Last 4 digits of account number	\$
	Nonpriority Creditor's Name		When was the debt incurred?	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated☐ Disputed	
	Debtor 1 only		□ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify	
	□ No □ Yes			
	La res			

David	Michael English

Case number (if known) 17-26006

Part 3: List Others to Be Notified About a Debt That You Already Listed

			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Ohael ann), D. Darid, Oraditare with Delaying the Delaying
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
			Tart 2. Ordators with Nonphority Orisectated Glaims
			Last 4 digits of account number
City	State	ZIP Code	·
Name		· · · · · · · · · · · · · · · · · · ·	On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			_
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
. Tanbor Guos.			Claims
			Last 4 digits of account number
City	State	ZIP Code	Last 4 digits of documental manner in the ma
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
Hallo			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
erassacti.			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
City	State	ZIP Code	Last 4 digits of account number
City	State	ZIF Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
			Last 4 digits of account number

David Michael English

Last Name

Case number (if known) 17-26006

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	West State
Total claims	6a.	Domestic support obligations	6a.	\$	0.00
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
- 24	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e.	. Total. Add lines 6a through 6d.	6e.	\$	0.00
n yn thywrith ynth yn th	24			Total claim	
Total claims	6f.	Student loans	6f.	Total claim	200,000.00
Total claims from Part 2		Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.	Total claim	200,000.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority		**Total claim** *** *** ***	
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other	6g.	**************************************	0.00

Debtor	David Michael English				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse If filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for	the: District of Maryland			
	17-26006				

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U.S. BANKRUPTCY COURT DISTRICT OF MARYLAND
GREENSELT Check if this is an amended filling

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company wit	h whom you	have the contract or le	ase	State what the contract or lease is for
2.1			ти пред 1 от	+CPP-Web-Controlled Manager and Benefit Manager Manager ()		DECERTION CONTRACTOR DESCRIPTION AND THE SECOND CONTRACTOR OF THE SECON
	Name					
	Number	Street				
	City		State	ZIP Code		
2.2						
	Name					
	Number	Street				
	City	MARKON CONTRACT CONTRACT CONTRACT	State	ZIP Code		
2.3						
	Name					
	Number	Street				
	City		State	ZIP Code		Market
2.4						
	Name					
	Number	Street				
	City	2000-2000 01-24 - NV	State	ZIP Code	***************************************	
2.5						
	Name					
	Number	Street				
	City	ot of the second se	State	ZIP Code		06/10/26 pm. 1996/16 APRILATION (1995) (1996

David Mi	chael English		Case number (if known) 17-26006
First Name	Middle Name	I set Name	_

	A	dditional P	age if You Ha	ve More Contracts or Leases	
	Person o	r company v	vith whom you I	have the contract or lease	What the contract or lease is for
2 <u>2</u>					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2		and the second s		- 1 and the control of the control o	
	Name				_
	Number	Street	-		_
	City	B.E. 1 1	State	ZIP Code	_
2					
	Name				_
	Number	Street			
	City		State	ZIP Code	- ,
2	oct 4 mass		100	the United State of the Control of t	
	Name				_
	Number	Street			- -
	City		State	ZIP Code	_
2			100	Metarus (Caraca Massacra)	
	Name				_
	Number	Street			_
	City		State	ZIP Code	

Fill in this in				
Debtor 1	David Micha			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court f	or the: District of Maryland		
Case number	17-26006			
(If known)				

2017 DEC 28 AM 8: 35

U.S. BANKRUPTCY COURT DISTRICT OF MARYLAND GREENSELT

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do you hav ☑ No ☐ Yes	ve any codebtors? (If you are filing a joint case, do	not list either spouse as a c	eodebtor.)
2.	Within the Arizona, Ca	last 8 years, have you lived in a community pro alifornia, Idaho, Louisiana, Nevada, New Mexico, P		
	🗹 No. Go	to line 3.		
	Yes. Di	d your spouse, former spouse, or legal equivalent l	ve with you at the time?	
	☐ No			
	□ Yes	s. In which community state or territory did you live?	Fill	in the name and current address of that person.
	Nar	ne of your spouse, former spouse, or legal equivalent		
	Nur	nber Street		
	City	State	ZIP Code	
	•	1, list all of your codebtors. Do not include you		
	Schedule Schedule	ine 2 again as a codebtor only if that person is a D (Official Form 106D), Schedule E/F (Official For E/F, or Schedule G to fill out Column 2.		(Official Form 106G). Use Schedule D,
	Column 1	: Your codebtor	Control Williams Control	Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1				Cohadula D. lina
	Name			Schedule D, line
	Number	Street		Schedule G. line
	City	State	ZIP Code	
3.2	J			Schedule D, line
	Name			Schedule E/F, line
	Number	Street		□ Schedule G, line
	City	State	ZIP Code	-
3.3	T	Clate	211 0000	
	Name			Schedule D, line
				☐ Schedule E/F, line
	Number	Street		☐ Schedule G, line
	City	State	ZIP Code	-

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Debtor 1

David I	Michael English		
Ciant Manne	A All all all a "A La contra	Lord Monay	

	Additional	Page to List More Codebtors		
1	Column 1: Your code	ebtor		Column 2: The creditor to whom you owe the debt
HERE		in the state of th		Check all schedules that apply:
3	6.C+.10.000000000000000000000000000000000		######################################	management of loogies that apply, an assument management of the second o
	Name			Schedule D, line
				☐ Schedule E/F, line
5	Number Street			Schedule G, line
	-			
3	City	State	ZIP Code	
الـــا	Name			Schedule D, line
	ivaille			☐ Schedule E/F, line
	Number Street	,		Schedule G, line
\vdash	City	State	ZIP Code	
3				☐ Schedule D, line
	Name			Schedule E/F, line
	Number Street			Schedule G, line
	City	State	ZIP Code	
3				•
H	Name			Schedule D, line
				☐ Schedule E/F, line
	Number Street			☐ Schedule G, line
	City	State	ZIP Code	
3	Oily	Otate	Zir Code	
	Name			☐ Schedule D, line
				☐ Schedule E/F, line
	Number Street			☐ Schedule G, line
	-			
3	City	State	ZIP Code	
<u>- </u>	Name			☐ Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street		· · · · · · · · · · · · · · · · · · ·	☐ Schedule G, line
\vdash	City	State	ZIP Code	
3		*****		☐ Schedule D, line
	Name			Schedule E/F, line
	Number Street			☐ Schedule G, line
, r	City	State	ZIP Code	
3				□ Schedule D, line
	Name			☐ Schedule E/F, line
	Number			□ Schedule G, line
	Number Street			
	City	State	ZIP Code	

Fill in this information to identify	your case:		20 in 127 27 28 28 28	A Company Comp
Debtor 1 David Michael En	alish			and the second s
First Name	Middle Name	Last Name	2017 D	EC 28 AM 8: 35
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	U.S. 8A	ANKRUPTCY COURT
United States Bankruptcy Court for the: I	District of Maryland		l distri	CT OF MARYLAND GREENSELT
Case number 17-26006			Check if th	
(If known)			An ame	•
				lement showing postpetition chapter 13 as of the following date:
Official Form 106I			MM / DE	D/ YYYY
Schedule I: You	ır Income			12/15
Part 1: Describe Employm Fill in your employment			ine and case number (if Kr	
information.		Debtor 1		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☑ Not employ	ed	☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	O	project mana	aer	
Occupation may include student or homemaker, if it applies.	Occupation			
	Employer's name	seeking emp	loyment, min \$80k	
	Employer's address	Number Street		Number Street
		City	State ZIP Code	City State ZIP Code
	How long employed th	ere?		
Part 2: Give Details About	t Monthly Income			
Estimate monthly income as of	f the date you file this fo	rm. If you have noth	ing to report for any line, wr	ite \$0 in the space. Include your non-filing
spouse unless you are separated If you or your non-filing spouse h below. If you need more space, a	ave more than one employ	yer, combine the info	ormation for all employers fo	or that person on the lines
	•		For Debtor 1	For Debtor 2 or non-filling spouse
List monthly gross wages, sai deductions). If not paid monthly,	lary, and commissions (l , calculate what the month	oefore all payroll ly wage would be.	^{2.} \$ 6,667.00	\$
3. Estimate and list monthly ove	rtime pay.		3. +\$ 0.00	+ \$
4. Calculate gross income. Add I	line 2 + line 3.		4. \$ 6,667.00	\$

David	Michael	Enalish
Duria		9

Name Middle Name L

Copy line 4 here	
5a. Tax, Medicare, and Social Security deductions 5a. \$ 1,334.00 \$	
5a. Tax, Medicare, and Social Security deductions 5a. \$ 1,334.00 \$	
5b. Mandatory contributions for retirement plans 5b. \$ 0.00 \$	
5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$	a constant and a cons
5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ 5e. Insurance 5e. \$ 67.00 \$ 5f. Domestic support obligations 5f. \$ 0.00 \$ 5g. Union dues 5g. \$ 0.00 \$ 5h. Other deductions. Specify:	
5e. Insurance 5e. \$ 67.00 \$ 5f. Domestic support obligations 5f. \$ 0.00 \$ 5g. Union dues 5g. \$ 0.00 \$ 5h. Other deductions. Specify: 5h. +\$ 0.00 + \$	
5f. Domestic support obligations 5f. \$ 0.00 \$ \$	
5g. Union dues 5g. \$ 0.00 \$ 5h. Other deductions. Specify: 5h. +\$ 0.00 + \$	
5h. Other deductions. Specify: 5h. +\$ 0.00 + \$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 5,266.00 \$	
8. List all other income regularly received:	
8a. Net income from rental property and from operating a business, profession, or farm	-
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a.	
8b. Interest and dividends 8b. \$ 0.00 \$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	
8d. Unemployment compensation 8d. \$ 0.00 \$	
8e. Social Security 8e. \$ 0.00 \$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$	
Operative.	
8g. Pension or retirement income 8g. \$	
8h. Other monthly income. Specify: 8h. +\$ 0.00 +\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$\\$ 5,266.00 \\ \begin{array}{c ccccccccccccccccccccccccccccccccccc	3.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.	
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. + \$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. \$	3.00
Combined monthly inc	ome
13. Do you expect an increase or decrease within the year after you file this form?	JIII G
Yes. Explain:	

Fill in this information to identify	/ your case:	THE COLUMN TO SERVICE AND ADDRESS OF THE COLUMN	t in the second second	
Debtor 1 Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: Case number (If known)	glish Middle Name Last Name Middle Name Last Name	An amend	nent showing post as of the following	petition chapter 13
Official Form 106J				
Schedule J: Yo	ur Expenses			12/15
information. If more space is need (if known). Answer every question		ng together, both are equally res . On the top of any additional pag	ponsible for supply ges, write your nam	ing correct e and case number
Part 1: Describe Your Ho	usehold			
 Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a No Yes. Debtor 2 must f 	separate household? file Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.		
Do you have dependents? Do not list Debtor 1 and	✓ No ☐ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent liv with you?
Debtor 2. Do not state the dependents' names.	each dependent			No Yes
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongo	☑ No ☐ Yes poing Monthly Expenses			
expenses as of a date after the ba applicable date. Include expenses paid for with no such assistance and have include	ur bankruptcy filing date unless you a ankruptcy is filed. If this is a supplement on-cash government assistance if you ed it on Schedule I: Your Income (Offi expenses for your residence. Include	ental <i>Schedule J</i> , check the box and the box and the value of the icial Form 106I.)		m and fill in the

David Michael English
First Name Middle Name Last Name

5. Additional mortgage payments for your residence, such as home equity loans 6. Utilities: 6a. Electricity, heat, natural gas 6a. Water, sewer, garbage collection 6b. \$ 70 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 7. Food and housekeeping supplies 7. \$ 250 6d. S 6d. Childcare and children's education costs 8. \$ 0 6. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 44 9. Personal care products and services 10. \$ 45 11. \$ 25 12. Transportation, include gas, maintenance, bus or train fare. 10. Do not include car payments. 12. \$ 120 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50 14. \$ 50 15. Insurance. 15. Insurance. 15. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance deducted from your pay or included in lines 4 or 20. 15a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other, Specify: 17d. Other roal property expenses not included in lines 4 or 5 of this form or on Schedule f: Your Income. 20a. Mortgages on other property 20a. Sec. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Sec. Property, homeowner's, or renter's insurance				Your	expenses
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Other. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Other. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Other. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Other. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, cell phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, call phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, call phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, call phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, call phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, call phone, Internet, satellitie, and cable services 6c. Specify: 6c. Telephone, and services 6c. Specify: 6c. Telephone, and services 6c. Specify: 6	5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	1,500.00
8b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 440 9. Personal care products and services 10. \$ 46 11. \$ 250 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Continctude care payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50 14. Charitable contributions and religious donations 14. \$ 50 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurances. Specify: 15d. Other insurances. Specify: 15d. Other insurances apayments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments for Vehicle 1, Your Income (Official Form 108). 18. \$ (0) 19. Other payments you make to support others who do not live with you. 19. Other payments you make to support others who do not live with you. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ (0) 20c. Property, homeowner's, or renter's insurance	6.	Utilities:			
6c. Telephone, cell phone, internet, satellite, and cable services 6d. Other, Specify:		6a. Electricity, heat, natural gas	6a.	\$	100.00
6d. Other. Specify:		6b. Water, sewer, garbage collection	6b.	\$	70.00
7. Food and housekeeping supplies 7. \$ 250 5. Childcare and children's education costs 8. \$ 6. Clothing, laundry, and dry cleaning 9. \$ 7. Clothing, laundry, and dry cleaning 9. \$ 8. \$ 8. \$ 9. Clothing, laundry, and dry cleaning 9. \$ 8. \$ 8. \$ 8. \$ 9. Clothing, laundry, and dry cleaning 9. \$ 8. \$ 9.		6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	153.00
Collidrage and children's education costs Ciclothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include ar payments. Entortainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. Self insurance Insurance Insurance Insurance In		6d. Other. Specify:	6d.	\$	
Clothing, laundry, and dry cleaning	7.	Food and housekeeping supplies	7.	\$	250.00
10. 5	8.	Childcare and children's education costs	8.	\$	0.00
Medical and dental expenses 11. \$ 25 22. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 120 33. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 56 44. Charitable contributions and religious donations 14. \$ 56 55. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. \$ 70 15d. Other insurance. Specify: 15d. \$ 70 15d. Other insurance. Specify: 15d. \$ 70 15	9.	Clothing, laundry, and dry cleaning	9.	\$	40.00
2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 3. Entertainment, clubs, recreation, newspapers, magazines, and books 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance 15d. Other insurance 15d. Other insurance 15d. S. 770 15d. Other insurance. Specify: 16d. Other insurance. Specify: 17d. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 9. Other payments you make to support others who do not live with you. Specify: 19. \$ 10. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance).	Personal care products and services	10.	\$	45.00
Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. Life insurance	1.	Medical and dental expenses	11.	\$	25.00
4. Charitable contributions and religious donations 14. \$	2.	•	12.	\$	120.00
Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. 15d. Other insurance. Specify: 15d. S 17d. 15d. S 17d. 15d. S 17d. 15d. S 17d. 15d. S 16. S 17d. 17d. S 17d. 17d. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 9. Other payments you make to support others who do not live with you. Specify: 19 S 10. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. S 20b. Real estate taxes 20b. S 20c. Property, homeowner's, or renter's insurance	3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. S 16d. S 16d	4.	Charitable contributions and religious donations	14.	\$	50.00
15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. S 70 15d. Other insurance. Specify: 15d. S 70 1	5.				
15c. Vehicle insurance 15c. \$ 70 15d. Other insurance. Specify:		15a. Life insurance	15a.	\$	0.00
15d. Other insurance. Specify:		15b. Health insurance	15b.	\$	0.00
5. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:		15c. Vehicle insurance	15c.	\$	70.00
Specify:		15d. Other insurance. Specify:	15d.	\$	0.00
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	3.	····	16.	\$	0.00
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	7.	Installment or lease payments:			
17c. Other. Specify:		17a. Car payments for Vehicle 1	17a.	\$	0.00
17d. Other. Specify:		17b. Car payments for Vehicle 2	17b.	\$	0.00
8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 9. Other payments you make to support others who do not live with you. Specify:		17c. Other. Specify:	17c.	\$	0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$		17d. Other. Specify:	17d.	\$	0.00
Specify:	8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$	9.	• • • • • • • • • • • • • • • • • • • •	19	s	0.00
20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. \$				-	
20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. \$:0.			s	0.00
20c. Property, homeowner's, or renter's insurance				-	
200. Property, nomeowners, or tenters insurance					2.22
20d. Maintenance, repair, and upkeep expenses					0.00
20e. Homeowner's association or condominium dues				-	

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Debtor 1 David Michael English	Case number (#	known) 17	-26006	
First Name Middle Name Last Name				
Other. Specify:		21.	+\$	0.00
Calculate your monthly expenses.				
22a. Add lines 4 through 21.		22a.	\$	4,913.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
22c. Add line 22a and 22b. The result is your mon	thly expenses.	22c.	\$	4,913.00
3. Calculate your monthly net income.			_	5,266.00
23a. Copy line 12 (your combined monthly income	e) from Schedule I.	23a.	\$	3,200.00
23b. Copy your monthly expenses from line 22c a	bove.	23b.	- \$	4,913.00
23c. Subtract your monthly expenses from your n	nonthly income.		•	353.00
The result is your monthly net income.		23c.	Φ	
24. Do you expect an increase or decrease in your	expenses within the year after you file this form?			
For example, do you expect to finish paying for you				
mortgage payment to increase or decrease because	e of a modification to the terms of your mortgage?			
☑ No.				
Yes. Explain here:				

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Fill in this in	formation to ide	entify your case:			
Debtor 1	David Michael English				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: District of Maryland					
Case number (If known)	<u>17-26006</u>		_		

Torre Leave Will

2017 DEC 28 AM 8: 32

U.S. BANKRUPTCY COURT DISTRICT OF MARYLAND GREENBELT

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?
₩ No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
	e read the summary and schedules filed with this declaration and
that they are true and correct.	
0 10	
x home 5/2	×
Signature of Debtor 1	Signature of Debtor 2
Date 12/27/2017	Date
וווו עם ווווו	